

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp <b>RECEIVED</b> CITY OF WEST HOLLYWOOD 11 FEB 24 PM 2:39 OFFICE OF THE CITY CLERK	<b>CALIFORNIA</b> 2001/02 <b>FORM</b> <b>460</b>
Page <u>1</u> of <u>10</u>	
For Official Use Only	

Statement covers period from <u>01/23/2011</u> through <u>02/19/2011</u>	Date of election if applicable: (Month, Day, Year) <u>03/08/2011</u>
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SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

<input type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="radio"/> State Candidate Election Committee <input type="radio"/> Recall <i>(Also Complete Part 5)</i>	<input checked="" type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="radio"/> Controlled <input checked="" type="checkbox"/> Sponsored <i>(Also Complete Part 6)</i>
<input type="checkbox"/> General Purpose Committee <input type="radio"/> Sponsored <input type="radio"/> Small Contributor Committee <input type="radio"/> Political Party/Central Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <i>(Also Complete Part 7)</i>

**2. Type of Statement:**

<input checked="" type="checkbox"/> Preelection Statement	<input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Termination Statement <i>(Also file a Form 410 Termination)</i>	<input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495
<input type="checkbox"/> Amendment (Explain below)	

**3. Committee Information**

I.D. NUMBER 1334417

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
**Concerned Neighbors Against Illegal Billboards: A coalition of neighborhood activists, residents, businesses, outdoor advertisers, homeowners associations and seniors opposed to the permitting and expansion of illegal billboards – No on Measure A**

STREET ADDRESS (NO P.O. BOX)  
**1212 S Victory Blvd**

CITY <b>Burbank</b>	STATE <b>CA</b>	ZIP CODE <b>91502</b>	AREA CODE/PHONE <b>(818) 260-0669</b>
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MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
**1212 S Victory Blvd**

CITY <b>Burbank</b>	STATE <b>CA</b>	ZIP CODE <b>91502</b>	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
**Kinde Durkee**

MAILING ADDRESS  
**1212 S Victory**

CITY <b>Burbank</b>	STATE <b>CA</b>	ZIP CODE <b>91502</b>	AREA CODE/PHONE
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NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on <u>02/22/2011</u> Date	By <u>Kinde Durkee</u> Signature of Treasurer or Assistant Treasurer
Executed on _____ Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on _____ Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on _____ Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA  
FORM 460**

Page 2 of 10

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE  
**Measure A**

BALLOT NO. OR LETTER <b>A</b>	JURISDICTION <b>West Hollywood</b>	<input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE
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**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>01/23/2011</u>	<b>CALIFORNIA FORM 460</b>
through <u>02/19/2011</u>	
Page <u>3</u> of <u>10</u>	
I.D. NUMBER <b>1334417</b>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**Concerned Neighbors Against Illegal Billboards: A Coalition Of Neighborhood**

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... <i>Schedule A, Line 3</i>	\$ <u>45142.10</u>	\$ <u>120142.10</u>
2. Loans Received ..... <i>Schedule B, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>	\$ <u>45142.10</u>	\$ <u>120142.10</u>
4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i>	\$ <u>45142.10</u>	\$ <u>120142.10</u>

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... <i>Schedule E, Line 4</i>	\$ <u>28699.37</u>	\$ <u>60789.01</u>
7. Loans Made ..... <i>Schedule H, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>	\$ <u>28699.37</u>	\$ <u>60789.01</u>
9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i>	\$ <u>15899.12</u>	\$ <u>21609.62</u>
10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>44598.49</u>	\$ <u>82398.63</u>

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>	\$ <u>42910.36</u>
13. Cash Receipts ..... <i>Column A, Line 3 above</i>	\$ <u>45142.10</u>
14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>	\$ <u>0.00</u>
15. Cash Payments ..... <i>Column A, Line 8 above</i>	\$ <u>28699.37</u>
16. ENDING CASH BALANCE ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>59353.09</u>

*If this is a termination statement, Line 16 must be zero.*

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED ..... <i>Schedule B, Part 2</i>	\$ <u>0.00</u>
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... <i>See instructions on reverse</i>	\$ <u>0.00</u>
19. Outstanding Debts ..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>21609.62</u>

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>01/23/2011</u> through <u>02/19/2011</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>10</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <b>Concerned Neighbors Against Illegal Billboards: A Coalition Of Neighborhood</b>	I.D. NUMBER <b>1334417</b>
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/10/2011	Ace Outdoor Advertising LLC 8901 Sunset Blvd West Hollywood CA 90069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		15000.00	15000.00	
02/08/2011	Van Wagner Communications LLC 800 Third Ave New York NY 10022	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		20000.00	30142.10	
02/16/2011	Van Wagner Communications LLC 800 Third Ave New York NY 10022	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10142.10	30142.10	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$ 45,142.10**

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 45142.10
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 45142.10**

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from <u>01/23/2011</u> through <u>02/19/2011</u>	<b>CALIFORNIA FORM</b> <b>460</b>
	Page <u>5</u> of <u>10</u>
	I.D. NUMBER <b>1334417</b>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
**Concerned Neighbors Against Illegal Billboards: A Coalition Of Neighborhood**

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	FET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<b>Californian's Vote Green</b> <b>2999 Overland Av #210</b> <b>Los Angeles CA 90064 ID: 1323171</b>	LIT		<b>450.00</b>
<b>Colby Poster Printing</b> <b>1332 W 12th Place</b> <b>Los Angeles CA 90015</b>	CMP		<b>1149.08</b>
<b>Continuing The Republican Revolution</b> <b>1300 Bristol St N #100</b> <b>Newport Beach CA 92660 ID: 598041</b>	LIT		<b>250.00</b>

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 1,849.08**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	<u>28642.37</u>
2. Unitemized payments made this period of under \$100	\$	<u>57.00</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	<u>0.00</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$</b>	<b><u>28699.37</u></b>

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <b>01/23/2011</b>	<b>CALIFORNIA FORM 460</b>
through <b>02/19/2011</b>	
Page <b>6</b> of <b>10</b>	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**Concerned Neighbors Against Illegal Billboards: A Coalition Of Neighborhood**

I.D. NUMBER  
**1334417**

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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<b>Democratic Voters Choice</b>  728 W Edna Pl Covina CA 91722 ID: 595002	LIT		334.00
<b>Election Education Guide</b>  19415 Enadia Way Reseda CA 91335 ID: 1324503	LIT		515.00
<b>Pacific Creative</b>  419 S Third Av Arcadia CA 91006	WEB		1342.50
<b>PCI Consultants Inc</b>  26500 W Agoura Rd #102-146 Calabasas CA 91302	CNS		8500.00
<b>Political Data Inc</b>  825 S Victory Blvd Burbank CA 91502	LIT		188.67

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 10,880.17**

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>01/23/2011</u> through <u>02/19/2011</u>	<b>CALIFORNIA FORM</b> <b>460</b>
	Page <u>7</u> of <u>10</u>
	I.D. NUMBER <b>1334417</b>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**Concerned Neighbors Against Illegal Billboards: A Coalition Of Neighborhood**

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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
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LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<b>Political Data Inc</b>  825 S Victory Blvd Burbank CA 91502	LIT		289.33
<b>Political Data Inc</b>  825 S Victory Blvd Burbank CA 91502	LIT		593.84
<b>Nii-Quartelai Quartey</b>  7610 Beverly Blvd Box 48472 Los Angeles CA 90048	CNS		1000.00
<b>Nii-Quartelai Quartey</b>  7610 Beverly Blvd Box 48472 Los Angeles CA 90048	CNS		1500.00
<b>Star Mailing Service</b>  3050 Rosslyn St Los Angeles CA 90065	LIT		1584.35

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 4,967.52**

**Schedule E  
(Continuation Sheet)  
Payments Made**

SCHEDULE E (CONT.)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>01/23/2011</u> through <u>02/19/2011</u>	<b>CALIFORNIA FORM 460</b>
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I.D. NUMBER <b>1334417</b>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**Concerned Neighbors Against Illegal Billboards: A Coalition Of Neighborhood**

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LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<b>US Post Office</b>  <b>1701 S Central Av</b> <b>Los Angeles CA 90001</b>	<b>POS</b>		<b>Memo: 1134.35</b>
<b>Star Mailing Service</b>  <b>3050 Rosslyn St</b> <b>Los Angeles CA 90065</b>	<b>LIT</b>		<b>2965.07</b>
<b>US Post Office</b>  <b>1701 S Central Av</b> <b>Los Angeles CA 90001</b>	<b>POS</b>		<b>Memo: 2504.07</b>
<b>Star Mailing Service</b>  <b>3050 Rosslyn St</b> <b>Los Angeles CA 90065</b>	<b>LIT</b>		<b>2603.87</b>
<b>US Post Office</b>  <b>1701 S Central Av</b> <b>Los Angeles CA 90001</b>	<b>POS</b>		<b>Memo: 2193.87</b>

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 5,568.94**



**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>01/23/2011</u> through <u>02/19/2011</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>9</u> of <u>10</u>
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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<b>Star Mailing Service</b>  <b>3050 Rosslyn St</b> <b>Los Angeles CA 90065</b>	LIT		<b>2603.87</b>
<b>US Post Office</b>  <b>1701 S Central Av</b> <b>Los Angeles CA 90001</b>	POS		<b>Memo: 2193.87</b>
<b>The House Of Printing, Inc.</b>  <b>3336 E. Colorado Blvd.</b> <b>Pasadena CA 91107</b>	LIT		<b>2507.79</b>
<b>Voter Information Guide</b>  <b>13701 Riverside Dr. #604</b> <b>Sherman Oaks CA 91403 ID: 593003</b>	LIT		<b>265.00</b>

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 5,376.66**

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>01/23/2011</u>	<b>CALIFORNIA FORM 460</b>
through <u>02/19/2011</u>	
Page <u>10</u> of <u>10</u>	I.D. NUMBER <b>1334417</b>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
**Concerned Neighbors Against Illegal Billboards: A Coalition Of Neighborhood**

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LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
<b>Nielsen Merksamer Parrinello Gross &amp; 1415 L Street Suite 1200 Sacramento CA 95814</b>	<b>PRO</b>	<b>5710.50</b>	<b>9897.80</b>	<b>0.00</b>	<b>15608.30</b>
<b>The Afriat Consulting Group, Inc. 4107 Magnolia Bl Burbank CA 91505</b>	<b>CNS</b>	<b>0.00</b>	<b>6001.32</b>	<b>0.00</b>	<b>6001.32</b>

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

<b>SUBTOTALS \$</b>	<b>5,710.50 \$</b>	<b>15,899.12 \$</b>	<b>0.00 \$</b>	<b>21,609.62</b>
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**Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS \$ 15899.12**
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$ 0.00**
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$ 15899.12**  
May be a negative number